

City of Hercules
Small Business Rent Assistance Grant
Program Application
draft

Business Information

Business Name:

Business Owner Name:

Business Location Address:

Business Owner Mailing Address:

Business Owner Phone: _____

Business Owner Email: _____

Independent Contractor: Yes ____ No ____

Number of employees at all Hercules locations: _____

Date Established (Earliest date if more than one Hercules location): _____

City of Hercules Business License Number: _____

Business Type: _____

Primary Business SIC Code(s): _____

Description of COVID-19 Impacts

Please indicate how many full-time equivalent staff (FTE) you had at the end of 2019 including yourself _____

Please indicate how many full-time equivalent staff (FTE) you had at the end of 2020 including yourself _____

Please indicate how many full-time equivalent staff (FTE), including yourself, that you currently have _____

Please indicate your monthly rent expense _____

How much back rent do you owe _____

Please note that the grant will not exceed \$15,000.

What was your income for the whole year of 2019 _____
(Businesses that started in 2020 but before the COVID-19 pandemic should enter \$0 income for 2019. Additional measures of impact and viability will be requested.)

What was your income for the whole year of 2020 _____

How many months was your business partially or fully closed due to COVID19 regulations _____

Describe the revenue that your business has lost due to COVID-19

- Attach documentation illustrating loss of revenue due to COVID-19
- Attach copy of IRS Form W-9

Other Information

Indicate any form of government assistance your business has received related to COVID-19:

- A. Economic Injury Disaster Loan (EIDL) Yes ___ No ___ Did not apply ___
B. Paycheck Protection Program (PPP) Yes ___ No ___ Did not apply ___
C. Other government assistance received:

If your business is an independently owned franchise, have you received any corporate assistance?

Yes ___ No ___ Did not apply ___

Briefly explain:

Have you fully reopened your business?

Yes ____ No ____

If "No," briefly explain:

Optional Demographic Information: Responses to the following questions are voluntary and will be used solely for statistical purposes. They will **not** be used to determine eligibility.

Is the business minority-owned?
Is the business women-owned?
Is the business veteran-owned?

Yes ___ No ____
Yes ___ No ____
Yes ___ No ____

Owner Attestation

I hereby certify the truth of this application, confirm that my business is in full compliance with all local, State, and federal laws, including COVID-19 related health orders, and acknowledge that any false statements in it shall, at the City's option, result in automatic invalidation of the action based thereon.

Owner Signature: _____ Date: _____